



Maryland Dent-Care Loan Assistance Repayment Program

2017 APPLICATION CHECKLIST DEADLINE FOR ALL MATERIALS: JULY 28, 2017 *FOR CYCLE TO BEGIN JAN. 2018*

- ☐ Application/Personal Statement/Essay **typed** and emailed to: dhmh.mdclarpprogram@maryland.gov
- ☐ Certification of School Loan Debt should be faxed to 410-333-7392 or mailed to:

**MDC-LARP
Office of Oral Health
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, 4th Floor
Baltimore, MD 21201**

- ☐ Proof of graduation from an accredited U.S. dental school **mailed directly** from school or sent from applicant in a sealed envelope bearing school seal.
- ☐ Proof of Maryland Dental License e-mailed, mailed, or faxed from applicant.
- ☐ Signed Letter of Understanding **from each practice site** OR Proof of Practice (if private practice). May be e-mailed, mailed, or faxed to 410-333-7392.
- ☐ Completed Lender Verification form(s) from each lending institution. May be mailed or faxed **directly from lender. ** This tends to take the longest, so we encourage you to start this process early to ensure you meet the July 28, 2017 deadline. *****
- ☐ Recommendation forms, three (3): two from dentists familiar with applicant's clinical skills, one additional. E-mailed **directly** from recommender to dhmh.mdclarpprogram@maryland.gov (ONLY recommendations sent directly from the recommender's email address will be accepted.) PLEASE encourage your recommenders to write complete explanations for their ratings and **TYPE** the form – handwritten recommendations are sometimes very hard to read.